

beginning, cut off at the pass, so-to-speak. So I hope that has dispatched that erroneous idea. If we spend too much money on health care, if that is the President's position, then let him propose a policy that spends less, not more.

Then, the second premise is we have too many in America that are uninsured. Well, everybody in America has access to health care. Somehow we have traveled down this road where a position has been taken that everyone in America has a right to first-class, high-quality health care.

Now, that is nice. If we decide to do that, then we should have an open, legitimate debate about it. But it is not a right. It is not a right. It is a benefit that Congress has agreed to make sure it was available for humanitarian reasons. We spend billions overseas in humanitarian aid, and we spend billions in this country to provide health care to anybody that shows up, because we don't want to turn someone away and have them get sicker or die. That is the policy in America, but it is not a right.

Our rights are enumerated pretty clearly in the Bill of Rights. But when FDR, Franklin Delano Roosevelt, gave his famous "four freedoms" speech, he was stretching the rights; the freedom of speech, freedom of religion, freedom from want, and freedom from fear.

The freedom from want and freedom from fear are not rights. They never were rights, and they never can be turned into rights, because if they do, can you imagine freedom from want? Well, if we lose all of our wants, we lose all of our desires to make the world a better place. We lose our desire to make our life a better life and that of our family. If you don't want for anything, you sit around and whatever you need shows up. Who is going to provide that? Our entire economy would collapse around that kind of thing.

Freedom from fear. Fear of what? Freedom from want, perhaps. But those two were erroneous components of FDR's philosophy. But they live today, somehow, in the minds of the majority of the United States Congress and, it looks like, the majority of the United States Senate, but I don't believe the majority of the American people.

But even though everyone in this country has access to health care, no one has a right to it. They are trying to argue that everybody has a right now to a health insurance policy of their very own. Now, imagine a society that gets to that point and what that does to a society. But the argument is too many in America are uninsured.

So, Madam Speaker, here are the real numbers about those in America that are uninsured. This little pie chart shows the chart of 306 million Americans. Eighty-four percent, in this blue, those are those that are insured, that have a policy through their employer or they take care of it personally, whatever it might be. But they are insured. Then these little slots are the other categories.

One would think that we were trying to address uninsured Americans without affordable options. Well, here is the list of those Americans that are in this 47 million uninsured. That is the number we constantly see, 47 million.

In yellow, illegal immigrants, about 5.2 million. In black are the legal immigrants that are barred by law for a 5-year period. So you end up with 10.2 million of those.

Then you have individuals earning more than \$75,000 a year without health insurance that didn't bother to write a check for their premium. Presumably they could manage that with the money they are making. That is about 6 million.

Then you have those eligible for government programs. That is in green. That is 9.7 million.

Then you have those eligible for coverage under the employer but didn't sign up or opted out. That is 2 percent here. That number is actually 6 million.

Then the other category, eligible for government programs, 9.7 million.

We get down to this number. When you subtract from the 47 million all these categories that I have listed, those that would be covered under their employer if they would just sign up; those that are insurance eligible for government programs but don't bother to sign up; those that earn more than \$75,000; those that are immigrants, that are legal and illegal, disqualified for one reason or other; you add that all up and subtract it from 47 million, you get over to this red.

This would be the list, Madam Speaker, of the Americans without affordable options. That represents 12.1 million Americans, less than 4 percent of America's population, and that less than 4 percent are the people that presumably the President and the majority party, and in fact the minority party, would like to encourage that they get insured.

But they would upset and transform and overhaul 100 percent of the health insurance in America and 100 percent of the health care delivery system in America for the purposes of reducing this 4 percent number down to what, 2 percent? Maybe on a good day. That is what is going on here.

So, I believe it was Socrates that said if you start with a flawed premise, you end up with a flawed conclusion. If he didn't say that, Einstein did, or some other smart person. You don't have to be very smart to figure out that if you put the wrong formula in, you are going to get the wrong results out. Garbage in, garbage out.

We have, Madam Speaker, we have got garbage here. The idea that first we spend too much money on health care, and being able to spend more, 1 to 2 trillion dollars more is a solution, that is garbage. The garbage underneath it, certainly there is truth to spending too much money on health care in America. Let's debate that. Let's debate how we address that. We don't address it by

spending more money. We address it by ending the lawsuit abuse that takes place in this country. We have got to reform that.

We passed that out of the House here in 2005. It came out of the Judiciary Committee where I and Mr. GOHMERT sat. We passed that here on the floor, and it was limited, the noneconomic damages, to \$250,000. That was a policy that was modeled after California at the time. Since then, Texas has adopted it and has seen their doctors that were leaving Texas turn around and come back, because now they can practice in Texas without a penalty.

So, just the tort reform component of this would save at least \$54 billion. But I am suggesting the numbers I am looking at show that lawsuit abuse costs in the neighborhood of \$203 billion a year.

Now, over a 10-year span where these bills are estimated, that would be over \$2 trillion that goes to the trial lawyers and some of the plaintiffs, and also goes to the people that are doing the tests, the unnecessary tests that are part of the defensive medicine that takes place.

So, if health care costs too much money, Madam Speaker, the first solution would be to address lawsuit abuse. That is number one. We should be able to agree on that. But there is not one word in any of these bills about reforming the abuse of lawsuits that could be somewhere between the \$54 billion savings that was identified by Dr. Burgess a little earlier, on up to what I say is \$203 billion, and probably more, and \$2 trillion over the life of the bill. But not one dollar is going to be saved. In fact, there will be more spent because of this.

VACATING 5-MINUTE SPECIAL ORDER

The SPEAKER pro tempore. Without objection, the ordering of a 5-minute Special Order speech in favor of the gentleman from Texas (Mr. GOHMERT) is vacated.

There was no objection.

TALKING ABOUT TRUTH, HONESTY, AND INTEGRITY

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Texas (Mr. GOHMERT) is recognized for 60 minutes.

Mr. GOHMERT. Thank you, Madam Speaker. I do appreciate this time, and I do appreciate the comments from my friend Mr. KING from Iowa, and I do want to follow up on that subject, a little different approach from a little different angle, because I think it is important that we talk about truth, honesty, and integrity.

It is inappropriate on the House floor to accuse anybody else of lying who is a Member of Congress or the President. We are not going to do that tonight. But we are going to talk about what

the truth really is, and people can compare the truth to things that have been said both here in the House and around this country by our leaders and let them figure out for themselves what is truth.

In fairness to the President, we heard him say repeatedly, "You have heard their lies. Where is their solution? Well, they don't have one."

Well, actually we have many, and we tried to get his attention. I know he said if we have proposals, if we have solutions, there is always an open door, and I have no doubt that he is correct about that. I just have not been able to get past all those massive gates and armed guards in order to talk to the President about that. I am sure the door is open, just like he said. It is just I haven't been able to get there. One of my friends from Georgia has indicated he called for weeks and weeks to see if he could get an appointment and had been unable to.

So this is our opportunity to come to the floor and actually speak without all of the craziness and the hoopla and the political bantering.

I did notice last week on the floor right over there at that podium with an easel behind some friends across the aisle, Democrat after Democrat got up, and they had a poster and they kept pointing out and finishing their comments by saying, it has been so many days, where is their solution?

I would like to point my Democratic friends to the fact that if they are looking for the Republican solutions, we have many of them. We have tried to give them to them. We have tried to get them to the floor. We have tried to get them to be brought up in committees, because there are really some excellent solutions to health care reform, some great bills that actually do reform, instead of this stuff that is being attempted now.

Anyway, I want my friends across the aisle to know that if you are coming to the floor of the House of Representatives and asking where is the Republican solution, well, even though there are dozens and dozens of excellent proposals, solutions in bills, and I have one myself, they will not find those here on the floor of the House, because they control the House.

The Speaker controls the House. The Speaker has unbelievable power to influence the Rules Committee in what she believes. No matter who is Speaker, that Speaker has fantastic power to influence the Rules Committee. Then the Rules Committee has absolute power, despite what the Speaker says, to do what they wish.

Unfortunately, the Democratic friends can come to the floor of the House all they want to and say where is the Republican plan, where is their solution, and there won't be one here, because they have been effective in preventing us from bringing our solutions to the floor.

So I hope that that spirit of political bantering that they continually

brought here, speaker after speaker, where is the Republican solution, they still don't have one, when are you going to bring one; it won't be found on the floor while they are in the majority. If they would like to give the majority back, like they are apparently working on, we will be glad to take that and immediately bring so many of the wonderful solutions that have been proposed.

I heard a wonderful comment recently. Someone said the Democratic leadership say they want to reform health care. What they are trying to do is deform it. I would have to agree.

I note, also, that so much of the Democratic bills are proposing to have payment coming for those bills from cuts in Medicare that they say will be found in waste, fraud, and abuse.

□ 2200

Well, if they know there is that much in waste, fraud, and abuse in the health care system, then aren't the Congress, the House and the Senate, and the President being accessories if we don't bring that fraud to the attention of the other lawmakers so that we can immediately do something about it? Why would anybody want to allow fraud to continue unabated, costing taxpayers billions and billions and, they say, hundreds of billions of dollars, and they are not going to do anything about it unless we first give them this health care deform, or reform, as you may wish?

Now, for so long the only bill we had was H.R. 3200. This is half of it. The other half is in the other notebook I have here. And I divided it up so it was easier to carry. I was afraid that the way things have played out in the past with the crap-and-trade bill and also the stimulus bill and land omnibus that so much would be brought to the floor without the opportunity to properly review those things. And, of course, as we know in the crap-and-trade bill, it came to the floor the morning that 300 pages of amendments were filed around 3:08, 3:09 a.m. And right here from this podium, I had made a parliamentary inquiry, which we are allowed to do when there's a legitimate parliamentary question, I wanted to know where can I find a copy of the 300 pages of amendments.

Because, after all, normally right outside here in the Speaker's lobby, there are tables out there and they have copies of whatever we are taking up that day. There were no copies of the amendments out there. So I came on the floor, looked around at the Democratic whip table, the Republican whip table. There was no copy to be found anywhere. So I made a parliamentary inquiry as to whether or not we were supposed to have a copy of the amendments since we were actually voting on them right then. And I was told initially by the Speaker, well, there is a copy at the desk. And one of my Democratic friends came up and set four copies of something on the bottom

level of the Clerk's table and then pointed to those. So I thought, well, I guess those are copies that they just brought in. So I went there, checked. They were not copies of the amendments. It was the minority report, two copies of that, and two copies of the thousand-plus-page bill, but none of the amendments.

So I came back, made another parliamentary inquiry, and was told that there was one copy of the amendments at the desk. I made further inquiry because I'd been to the desk and couldn't find them, and I was pointed to the chair of the individual who actually had the copy, and she was dutifully going through the original copy of the bill and had the only copy anywhere about these parts of the amendments. And where the amendment would say at page such and such, delete line so and so, insert line so and so, and it would have injected language, she was inserting the language, lining out those.

So we know that kind of stuff goes on, that we vote on things that nobody could read together in one bill because there wasn't even an official copy of the entire bill here.

I made a further parliamentary inquiry since there was not an assimilated copy of the whole because, as you go through these bills and they're constantly referring to other sections, unless you have the correct language of the other sections, you can't really effectively read the bill.

So, anyway, we got this bill, H.R. 3200. There's no telling how many hundreds or thousands of hours that have been spent by individuals across this country reviewing it. I think many more outside Congress have reviewed it than inside. And I didn't the first week or so start going through and reading the bill because I was afraid there would be another 3:08 amendment that would massively change the thing. But then I figured this would give us an indication of where things were trying to be taken. And we heard repeatedly from the President, from leaders here, that if you like your health insurance policy, you're not going to lose it.

Well, page 16 of H.R. 3200 deals with that issue. And so that I am not accused of playing politics, I will just read this section. It's the "Protecting the Choice to Keep Current Insurance." That's section 102 of page 16 of H.R. 3200. Subsection (a), "Grandfathered Health Insurance Coverage Defined: Subject to the succeeding provisions of this section, for purposes of establishing acceptable coverage under this division, the term 'grandfathered health insurance coverage' means individual health insurance coverage that is offered and in force and effect before the first day of Y1 if the following conditions are met," Y1 being the year that this health care plan kicks in. Subdivision (1), "Limitation on New Enrollment. A, In general, except as provided in this paragraph, the individual health insurance issuer offering

such coverage does not enroll any individual in such coverage if the first effective date of coverage is on or after the first day of Y1."

That means, of course, if an insurance policy adds an additional insured, someone else comes to work for the company who has bought this insurance and is added to the policy, the policy is gone. It's not grandfathered. It doesn't meet the exception here. And it does have B, Dependent Coverage, you can add a dependent if it's a dependent of someone already on the policy.

Then subsection (2) of A, "Limitation on Changes in Terms or Conditions." This is a good one. "Subject to paragraph (3) and except as required by law, the issuer does not change any of its terms or conditions, including benefits and cost-sharing, from those in effect as of the day before the first day of Y1."

"Restrictions on Premium Increases," that's subparagraph (3). "The issuer cannot vary the percentage increase in the premium for a risk group of enrollees in specific grandfathered health insurance coverage without changing the premium for all enrollees in the same risk group at the same time as specified by the Commissioner." That's about more Federal control for sure.

Anyway, look at number 1 and number 2. And I was talking to some constituents. One was quite proud of his retirement policy from a large company that's been very successful here in the United States, and he says, Our union was very effective in getting us a very good policy. They've been very reasonable; so our company is very profitable, doing very well, and we have got great health insurance as retirees, and it looks great for the future, so I'm not really worried about having health care coverage. It doesn't affect me what you guys do. I've still got good coverage.

Wrong. He had not read page 16 regarding the grandfathered health insurance that he would be allowed to keep.

So I asked him, Will there be any additional people retiring that will be added to your policy?

He said, Well, of course. They retire all time.

There goes your policy. Because on page 16 it says you can't add another individual. You can't enroll another individual. So if you have more people retire from your wonderful company, then they're added to policy, your policy is gone, and you're kicked over under the Federal plan. So that brings us to here. I thought people ought to know that.

And I have heard some friends, wonderful Senators down the hall who had the best of intentions who said, well, you know, if we take out the public option, I think we could get this agreed to. I have heard some other Republicans indicate similar things.

□ 2210

The problem is they must not have read the Baucus bill or the House bill because this bill is not about health insurance coverage, it is about a government takeover, whether there is a public option in it or not.

How about page 21 of H.R. 3200. This is section 113, B, Study and Reports, one study, commissioner in coordination with the Secretary of Health and Human Services and the Secretary of Labor shall conduct, that is shall, meaning they have to, conduct a study of the large group insured and self-insured employer health care markets. Such studies shall examine the following: the types of employers by key characteristics, include size that purchased insured products versus those that self-insure.

Key characteristics are not defined. The government will decide what is a key characteristic of the individual's particular business. Maybe they need to know how much you keep in inventory in your business; how much you are paying your best employees in your little mom and pop business, we are going to study those under this. It is going to be required. Shall study.

It will compare the similarities and differences between typical insured and self-insured health plans. It will study, under C, the financial solvency and capital reserve levels of employers that self-insure by employer size. So we are not just going to look at the big ones, we will look at them by virtue of size. We will look at their financial solvency; how are they doing.

And since the Federal Government has never balanced any business activity that it has undertaken, this is going to be a real stretch as we send Federal agents into businesses around the country to help them figure out if they are making good decisions that are going to help them stay solvent so they can be sure to provide for their employees.

How about D, the risk of self-insured employers being able to pay obligations or otherwise becoming financially insolvent. How do you like that? The government is going to send in somebody to analyze your business for you to help you figure out if you are at risk.

Ms. FOXX. Will the gentleman yield?

Mr. GOHMERT. I yield to my friend from North Carolina.

Ms. FOXX. I find it interesting that the government is going to do that to businesses that are being highly successful all across the country, and yet we find ourselves right now in a situation where we have the largest deficit ever in the history of this country, a debt so large it is almost incomprehensible, and yet our Federal Government is going to go out and analyze successful businesses to decide whether they are solvent. I find that—I can't even say the height of hypocrisy, it is beyond hypocrisy.

Mr. GOHMERT. If I can follow up on that point, the gentlelady raises a won-

derful point. Here we are in the government. We are going to send out people to help examine businesses to see if they are making good decisions, and yet the biggest spender, the biggest risk to the entire country is the Federal Reserve. We can't even get a look at what they are spending, but they are going to come in. I mean, this is the kind of stuff that revolutions are started over. The government will not let anybody know what they are doing. The Federal Reserve is scared to death that this Congress and the people in America will find out what businesses, what banks, what guarantees they have made, what money they have spent.

There has to be some pretty scary stuff for them to fight so hard to not open up their books so we can see what the Federal Reserve is doing, and yet at the same time we want to help people examine their businesses. And it brings again the wonderful example of flood insurance to the fore. That is there were numerous private insurance companies who were selling flood insurance. If this sounds familiar, it should.

The Federal Government said we are going to add a Federal option because we are not sure that the private insurance companies are being fair enough in what they are charging for flood insurance. So the Federal Government provided a Federal option. Well, the Federal Government began immediately running into the red because it was willing to take very little to insure people whose homes were constantly blown away by hurricanes and floods. Yes, build back, we will pay again next year.

So what has happened, they drove the private insurance companies out of business because they cannot continue to operate in the red like the Federal Government does. And continues to do, but there will be a day of reckoning. Instead, it drove the private companies out. It didn't provide an option. What it provided was ultimately there was no option. There is where we are today. There is the Federal Government's flood insurance, and the others got out of the business. That is where we see this headed.

That is why when we hear about a public option, a federally funded co-op, and even if they say we can work a compromise, we will put a trigger in. We will put it back here, we're sure it won't happen, but just in case there will be a trigger and it will kick in. Give me a break. Those triggers always happen, and the Federal Government takes over that whole issue.

People need to know the kind of stuff that is in here.

One other unbelievable thing, and I say "unbelievable" because we can't say anybody is lying, I guess, but we are told that this Federal plan is about providing people more options. Well, go to page 84 of H.R. 3200. You want to find out about more options, page 84, this says the commissioner shall specify the benefits to be made available

under exchange participating health benefit plans during each plan year consistent with subtitle C of title I of this section. It sets out what plans the commissioner will set up the conditions for, the terms of, and there will be one basic plan. The entity offers only one basic plan for such service area. So many areas in the country may have one policy offered. One policy. Now initially there will be insurance companies that want to try to participate who can offer that one policy, but there will be no flexibility. There is one policy and that's what they have to offer or they can't offer any insurance.

So instead of having the big, thick booklet like all Federal employees, including Members of Congress, have, they give us these great choices. Many insurance companies, many different types of policies. Now what you will have is a little bitty pamphlet that says here is the basic plan, and here are the companies that offer it. Now if you offer one basic plan and you want to go further, you can offer one enhanced plan, but you have to make that comply. They will all be the same, meeting the conditions that the commissioner sets out. And if you offer a basic and an enhanced plan, then you can offer a premium plan for that particular area.

So there is an optional offering for premium plus plans if you offer those three. You could have some areas where they have four or five policies. That is possible. They will be the same policies. Now there are over a thousand policies. Then we will have—probably most areas will have two or three at the most. Some will have one policy with different people offering it.

But there are provisions in here, there is some good language for an ACORN-type group or ACORN because this requires the commissioner shall, on page 99 and page 100, assist exchange eligible individuals in selecting exchange participating health benefit plans and obtaining benefits through such plans.

□ 2220

And then it says, The commissioner may work with other appropriate entities to facilitate the dissemination of information in this subsection, provide assistance described in paragraph two.

So they can hire ACORN folks to go out and give people the information they want them to have—hopefully not telling them how to set up prostitution rings, but probably try to confine themselves just to the health care. But ACORN is paid to do so many different things, it's reasonable to figure that they may give advice on several things at the same time, perhaps would tell you how to avoid tax problems for your prostitution ring, and then we'll tell you about how to sign up for the Federal plan as well. But anyway, that's all in there.

This is not about choices, though. This is going to eliminate choices like

have never been eliminated in our country's history.

Ms. FOXX. Will the gentleman yield?

Mr. GOHMERT. I will yield to my friend.

Ms. FOXX. I appreciate your being able to quote chapter and verse in the bill. When I have spoken to groups and have told them particularly about the part you were reading earlier, that once there is any change in any health care plan that plan goes away, I remember when I read that—you know, this is very boring reading. We all know it's very boring reading, but when I read that, I went, Whoa, what is this? Every plan will go away if one little change occurs? And, you know, when I've talked to people about that and told them it was in there, I think a lot of people didn't believe me. I think they just thought that couldn't possibly be the case.

Did you get that kind of reaction from people when you explained that to folks?

Mr. GOHMERT. Reclaiming my time, I absolutely got that reaction from people. They didn't believe it. And that's why I would carry my copy of the bill and say, Here, you read it. You figure it out, because these are smart people and they would figure it out.

But let me tell you, most people wouldn't even get this far. But if you could get clear over to page 828 of the bill, this does not impose a tax. I want to be clear about that. The President is right, there is no new tax here. This is called a fee. It's a fee, not a tax, according to the proponents of this bill.

Anyway, section 4375, There is hereby imposed on each specified health insurance policy for each policy year a fee—not a tax, a fee—equal to the fair share per capita amount determined under section 9511(c)(1) multiplied by the average number of lives covered under the policy. The fee imposed by subsection A to be paid by the issuer.

That means there will be a fee, or, the truth is, many of us do call fees taxes. Some like to call them contributions. And I think that's very noble that we have people out there that make contributions on April 15 of each year to whatever whims happen to come before the Congress. But anyway, that is there. There are fees. There are lots of other fees mentioned.

But I'll tell you one of the most astounding things that I heard. It came a few weeks ago, is we know that the President, in his speech in this room, right there at that second level—at the second level, not the top, because we all know in here, this is the people's House, the Senate joins us, the President is not allowed to come in here without an invitation. And so we extended a unanimous invitation from the House, a unanimous invitation from the Senate. I thought about objecting if he was just going to come berate us, but as a Christian, I got to thinking, you know, what if he's coming to extend an olive branch and since the first time since March allow a Re-

publican to have some input into this bill—even though we've been shut out for so long. What if he's coming in and saying, You know what, I heard the American people during August. I saw them rise up. I saw how upset they were, and I heard them, as I said I would over and over and over and over when I was running, and you know what? I want to work with you. I'm going to reopen the White House, and we'll start tonight as soon as this is over. We can just have an informal sit-down downstairs over in the New Visitor Center somewhere. Let's talk about this, you know, something to indicate that we were really going to work together. But instead, the President came in—and these are all words that he used in his speech. He said that those of us who are critical of the Democrat proposal are not engaged in honest debate. He said we were using scare tactics. He said we were making bogus claims. He said we were making wild claims.

The President said we were engaged in demagoguery, distortion, acrimony. Those are all words he used and leveled at us. He said we were cynical and irresponsible, that facts and reason are thrown overboard, that we were robbing the country of this opportunity, that we were killing—he used that word, “killing”—his good bill. And then two sentences before JOE WILSON used the “L” word, the President used the “L” word first when he said, That's a lie, plain and simple.

It's unfortunate that the President would come in throwing words around like that. We have rules against that kind of thing. The President doesn't have to play by the rules, as we saw by the Auto Task Force, doesn't have to play by the laws. You can always get the Congress to look the other way. You can always get judiciary to look the other way, find a lazy bankruptcy judge to sign stuff so he doesn't have to have all the hearings. And then one of the Supreme Court judges, bless her heart, Ruth Bader Ginsburg, put a freeze on for 24 hours. That was lifted off. All of the checks and balances the Founders put in place were completely emasculated, abrogated. There were no checks and balances. So the President's Auto Task Force was free to violate the law in so many ways, and did.

And here we're coming at it again, same kind of deal. But the unbelievable quote that I heard a few weeks ago, having been told by the President if we misrepresent his bill, he's going to call us out? I mean, those are fighting words. He's going to call us out? I'm not even sure I know what that means. In the old West, that meant you're going to have a duel. I guess that's what Alexander Hamilton and Aaron Burr did. And that was over the issue of candor and honesty and comments that had been made.

So I felt like I was being demonized by the President because I've been reading from H.R. 3200, and at the time we had no other Democratic bill. So in

a meeting with the Secretary of Health and Human Services, Secretary Sebelius, very gracious person, I had the opportunity to ask her in front of a number of other Members, since the President has constantly referred to this bill, my bill, this plan, my plan, used those words many, many times, said we would be called out if we misrepresented it, I said, Where can I get a copy of the President's bill so I can be sure not to misrepresent it? Her exact words were, I think he is talking about a set of principles. There is no bill. The President has no bill.

Now, they're working feverishly, apparently, behind closed doors. That does violate his promise that it would all be open, be covered on C-SPAN, all this stuff, that everybody would get to see the discussion so they could feel comfortable about the health care bill coming. None of that has happened. None of that has happened.

And so we come back to this point—that I know the gentlelady from North Carolina has looked into as well—about how many people don't have insurance, and we're told, at most, 15 percent. You're going to destroy health care as we know it, the best health care ever created in any country in the history of the world, because 15 percent of the population needs some assistance?

□ 2230

Are you going to change everything else?

Then we get down to brass tacks, and it turns out actually, if you take out illegal aliens and people who could afford the health insurance but who are young and who don't think they'll be sick so they don't buy it, then it may be as few as 3 to 5 percent that we're talking about. Dramatic drops. I mean it could be that 3 to 5 percent for which you're going to throw out the whole health care system the way we've come to know it when it just needs some serious things fixed. Throw out the whole thing?

I grew up in East Texas. I've lived in East Texas all my life, except for the 4 years when I was in the Army, because I love East Texas wisdom.

I had a guy in East Texas tell me—he said, You know, you're going to throw out the whole health care system because a small percentage of people don't have health insurance? He said, When my ice maker broke, I didn't remodel the kitchen. I fixed the ice maker.

That's pretty logical. Why don't we concentrate on those who need some help and concentrate on what needs fixing? Instead, the information that we've been able to get indicates we're still going to have a vast number of people who will not have insurance once this bill is passed.

Oh, there's one other thing I wanted to mention. I see the gentlewoman from North Carolina has some wonderful posters.

I've heard friends from across the aisle repeatedly come to the floor and

talk about all of the money that lobbyists are spending on health care lobbying and that they're just all over Washington. Well, it's interesting because they don't call me or my Republican friends. In fact, I had heard that some of them—and it has been reported in the news—that they've been told, if you talk to a Republican, don't expect to talk to me, and we're the ones who are making the decisions.

So, when they talk about all of the lobbyists' efforts in Washington, they're not directed towards Republicans, because they know we've got some great bills and that we've got some things that will fix the problems instead of create more problems. They're not coming to us. They're going to the Democrats. That's who they're going to, and that's the way the Democrats want it. Don't go to Republicans, say some of them. Just make sure you come to us.

So, anyway, I want to yield to my friend from North Carolina.

Ms. FOXX. Well, I thank the gentleman from Texas for taking on this Special Order tonight and for laying things out so well from H.R. 3200, which, as you've said, is the only bill on our side of the Congress that is out there. As you said again so eloquently, what the Senate has been working on has been behind closed doors.

I was really busy today. I heard there might be a bill released today, but I don't think it has been. I do want to talk about what you were saying about the fact that we are about to turn our whole economy upside down to take care of a small number of people who are lacking health insurance and who can't afford it.

As we know, at the beginning, our colleagues across the aisle and the President were saying there are 45 or 47 million people in this country who don't have health care. When they were challenged on that, they said, Okay, there are 45 to 47 million who don't have health insurance. Even the President, on the night he spoke to us in the joint session, took that number from 47 million down to 30 million because we had kept talking about illegal aliens who were here in the country and who were counted in that number. So he got it down to 30 million, but the number is really much, much smaller than that.

The ironic thing is that, in all of the legislation we've been hearing about, it looks as though 28 million people are still not going to be covered by health insurance even if H.R. 3200 is passed or even if the bill out of the Senate is passed. So we're talking about, again, taking over the whole economy, putting us tremendously more in debt, spending \$1 trillion to serve approximately 1 million people if the numbers they have been using are accurate. Of course, we know that, most of the time, they're not accurate, but they're using the numbers.

Let's talk a little bit about who these people are. We have a few vari-

ations of the exact numbers that people are using. For example, in noncitizens, I think this says that there are 10 million. A chart that I had said 9.5 million, but if you're talking about starting out with 30 million, then what we're talking about again is of the 10 million who are not citizens and then of the approximately 9 million people who earn more than \$75,000 a year. I had the figure of 7.3 at \$84,000, but again, different people use different numbers. These people can afford health insurance if they want it, but they choose not to purchase it.

There are 10 million people who are eligible for government programs but who told people when they were questioned that they didn't have any insurance but that they were on either Medicaid or Medicare. They don't understand that Medicaid and Medicare are health insurance programs. So we've got 10 million there who are eligible for employer-sponsored insurance but who are not enrolled. Six million of these are people who just don't want to pay for health insurance and who are not going to pay for it if we have a plan that says you've got to be on it or pay a penalty.

So, on the chart that the gentleman from Iowa, STEVE KING, has been using, he has got 12 to 15 million Americans who don't have affordable insurance options. The number I had been using showed about 8 million people.

So we've got a really small number of people. We could take care of those people easily with a subsidy to help them get affordable insurance. We want to help working people, the working poor. That's who most of these people are. They work, but they can't afford insurance.

Republicans have a plan. As you pointed out earlier, we have several plans, and our plans deal with the things that folks most want. They want portability. People want to be able to take their health plans with them if they lose their jobs. Well, the way to do that is to give individuals the opportunities to take a tax deduction or a tax credit and buy their own health insurance. We have a system now where we give that preference to companies, but we don't give it to individuals.

So a simple thing to do would be to simply say you, as an individual, can buy your health insurance, and you can take the same deduction that your employer has been taking all of these years. That won't cost the Federal Government a dime. We can also allow people to buy insurance across State lines. That can be done. It won't cost the Federal Government a dime. We can have across-the-board medical malpractice reform, and we can get rid of frivolous lawsuits. Texas, I know, has done that. California has done it. My own State of North Carolina has tried on several occasions to do it, but the Democrat-controlled legislature won't allow it to be done because they basically are beholden to trial lawyers.

So those are the three most important things that people want. They want accessibility and affordability. We can take care of those without spending any money whatsoever, but the Democrats seem intent on spending money.

This is really not about health care. I think we all know it. I think the examples my colleague from Texas was using from H.R. 3200 are very clear. This is about government control of our lives. This year in the House, we have already passed a bill that allows the government to take over all loan programs for students who are going to college. That's another takeover of our lives. The government has already taken over car companies, the car production companies. It's going to be having the government run every aspect of our lives.

I want to point out that part of the problem, again, is that we have a real difference in philosophy here in the United States. We have a difference of philosophy here in the House.

Republicans think that it's best for individuals to take care of themselves and to keep as much of their money as they possibly can.

□ 2240

Democrats want to take as much money from citizens as they can and let the government run their lives.

I just want to give a couple of examples of what's happened since the Democrats have taken control of the Congress. The spending has increased in 2009 alone, the stimulus funding and the budgets, we have looked at that and we have found that all Federal agencies will, on average, receive a 50 percent increase in appropriated funds from 2008 to 2010. At the same time, real family incomes fell by 3.6 percent last year.

The people in Washington in control of the purse don't act like there's any recession. They just keep spending, spending, spending. Another thing that's a real problem with this health plan that's being proposed here is that it's going to cause the loss of another 5½ million jobs.

Now I know many people who watch us, even when we read from sections of the bills, think this just isn't possible. How could you have people in charge of this Congress who are so anti-capitalism, who are so anti all of the values that have made this country a great country? I know it's hard to believe, but it happens every day, and it continues to happen.

We have, again, a deficit right now, for last year, \$1.4 trillion. Yet since the year began, we are on target to have an increase of that next year of 12 percent. An article in today's Wall Street Journal points that out, and the increases are in what is called discretionary spending. I want to point out, in the mandatory spending programs, that's Medicare and Medicaid—and my colleagues know I hate those words mandatory spending, because there is no

such thing. We simply allow things to go on automatic pilot, and they increase in spending every year because we've written it into the law. But we can change that. There is nothing mandatory about it. We allow it to be that way.

Medicare, this year, went up 9.8 percent, spending for Medicare, and spending on Medicaid went up 24.7 percent in the fiscal year that just ended October 1. We are to believe that by putting in a brand new health care program that purports to cover every citizen in the country, that we are going to reduce spending? Well, I have got some swampland in New Mexico I will sell you if you believe that story. It cannot happen. We cannot add people to the Medicare rolls and still spend less money. It just isn't going to happen.

I think it's incumbent on us here in the Congress, who understand the truth, who have read H.R. 3200, to come out here every night, every day, and explain to the American people we are not selling you a bill of goods, they are selling you a bill of goods, because all you have to do is read the bill, and you will see it and match up the numbers with what's been happening.

This is not rocket science, it's happening, and the American people are the poorer for it.

Mr. GOHMERT. I thank my friend from North Carolina for some wonderful insights. It does get very frustrating being a Member of the House of Representatives, because, I know, so much history, it never ceases to be an honor to get to serve here where so many wonderful, caring, selfless people have.

But at times you just wonder, do the American people not realize the power that they have to change what goes on in this body? The old adage is true: democracy ensures people are governed no better than they deserve. What breaks my heart is that the American people for too long have deserved a very poor government, apparently, because they have not gotten a very good government.

When my friend from North Carolina brings up the automatic increases in spending every year, that is an issue that crosses party lines. Of course, when the Republicans took Congress, the majority, in 1994, then they worked very hard and they pushed the President, President Clinton. There was a lot of friction between the Congress and the President, but the Congress prevailed. We got a balanced budget and the President ultimately signed on. We got some accountability.

Then the Republicans got the White House in 2000 and began to have both the House, Senate and the White House. Spending got a little bit giddy. It was unfortunate. I know in 2006, while Republicans were still in the majority, that I was pushing for a zero baseline budget. What that means is we eliminate the automatic increases in every department in the Federal Government, and you start with zero in-

crease. Because the game that's played in this town is you increase automatically every year. If you decrease a little bit from the automatic increase, then you are considered mean-spirited, that you are hurting people by making these draconian cuts when actually it's a decrease to the increase but not a decrease overall.

In 2006, when I pushed my zero baseline budget bill, my Republican leadership friends did not allow that bill to come to the floor. It didn't get voted on. It didn't get fixed. That certainly was not allowed when I re-filed it in the last Congress, and it doesn't look like this Democratic leadership this time will allow it either. But that's the kind of thing we are talking about.

The games that are played around here, this is in page 149 of H.R. 3200, section 313 is entitled in bold letters, all capital letters, "Employer Contributions in Lieu of Coverage." Most thinking people would call those tax, but this says it's an 8 percent tax, or it says it's an 8 percent contribution to the Federal Government.

In any event, we need transparency. The government, it seems these days, is rarely right. But the health insurance companies have not been right. As I explained to some folks in the health insurance business, they say they're in the health insurance business, but what we have in this country is not really health insurance; it's health management.

Insurance is what very few people had. When I was growing up in a small east Texas town, Mount Pleasant, very few people had health insurance. But some people did, and they would pay a little bitty premium, sometimes monthly, sometimes quarterly. That little bitty tiny health insurance premium would ensure against some unforeseeable event in the future, a catastrophic accident or illness that you just couldn't foresee, so you paid a premium just in case that ever came. That's called insurance.

When you buy car insurance, you are ensuring against an unforeseeable event, an accident that you might have someday, or somebody hit you and they're not covered with the insurance. Something you can't foresee, you pay a premium in order to have that.

But with health insurance over the years, that got adjusted. It became not health insurance, but it became health management, so that big health insurance companies began to manage health care. They would cut deals with doctors. And I know Blue Cross has just forced them down to where some of them are getting hurt, but they continue the threat of, Well, we'll include these other doctors over here if you don't sign on, and then you'll be out of the loop, and we're the biggest health insurance folks on the block, so you'll be out of our loop; and they are able to talk them down.

Well, it's good to talk people down in price if it's the fair thing to do. But normally all of that has to be transparent and above board to be effective

and to work. We don't have transparency in the health care business these days.

□ 2250

You can't just ask a hospital chief executive officer, as I have, how much a hospital room costs and get an answer, because they either don't know or it depends on whether it is the insurance company, the Federal Government, somebody paying cash, all these kinds of things. But I know from one personal relative, the bills they had for 2 days of hospital care was around \$10,000, and the health insurance company satisfied every one of them, paid in full all \$10,000 in costs, with \$800 from the insurance company. That is the kind of transparency we need. But that kind of transparency right now is protected by contracts, and the State and Federal law have continued to allow that kind of thing to go on. We need transparency.

For those that wondered, I have mentioned a solution. The bill I filed, H.R. 3478, deals with these issues. First of all, when you heard the President talk about his health care plan, the Democrats down the hall have talked about their plan, and at first they were so excited because it was going to come to just under \$900 billion. Then we find out we made a mistake; it is going to be over \$1 trillion. Whether it is the President's plan, over \$1 trillion, or the Baucus bill, over \$1 trillion, whatever it is, even around \$1 trillion, the last numbers we got from the census indicated there were about 119 million households in America.

If you divide 119 million households into \$1.19 trillion in the Democratic health care bill, the cost, because it is going to be around there—some have said it might be closer to \$2 trillion. They are probably right, but we don't know, they don't know, we don't know. But if you divide that by the number of households in America, then it is an extra \$10,000 average per household for the Democrat new bill. And that doesn't even cover all the people they are saying need to be covered. It still leaves a gap, people uncovered.

So we need to get back to health insurance that people can afford that will get the health insurance companies back into the health insurance business. Of course, many of them came rushing to the White House and said they needed a seat at the table. I tried to explain, whether it is the AMA, the American Hospital Association, or individual health insurance companies, that you don't need a seat at the table when you are on the menu and your profession will be devoured. You may be able to negotiate it to be the third or fourth course, but are still going to be devoured. You don't want a seat at that table.

Anyway, my bill, when I saw that Medicare itself was apparently costing around \$10,000 average for every household in America to pay for a very small percentage of our population who need-

ed health insurance, our seniors, for Medicare and Medicaid, over \$10,000 now apparently being paid per household average for that small part to have health care through Medicare and Medicaid, when I saw that, I thought, my goodness, this is outrageous.

I know my mother and other people pay all this extra money for supplemental coverage, wraparound coverage of Medicare. For what we are paying for Medicare and Medicaid, we would be better off to give them cash money, say, \$3,500 for a household with more than one person in it getting Medicare and Medicaid and SCHIP, just give them \$3,500 cash in a health savings account they control with a debit card that can only be used for health care, and then buy them health insurance that covers anything that is not elective. We can't be paying for people if they want liposuction, things like that. But if it is necessary health care, then provide insurance to cover everything beyond the \$3,500, and buy them that insurance.

Now, I have a bill we have been trying to get scored since August 19th. We have been trying. We have had all of the Republican prominent people involved in the committees—the Joint Tax Committee and the Energy and Commerce Committee. They have all been begging CBO to give a value to my plan. It also deals with illegal aliens and with people coming in who want visas. They would have to have health insurance. It gives transparency. It is a great bill.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. ABERCROMBIE (at the request of Mr. HOYER) for today and until 3:30 p.m. on October 28.

Mr. BACA (at the request of Mr. HOYER) for October 23 on account of legislative business.

Mr. BOYD (at the request of Mr. HOYER) for today.

Ms. GINNY BROWN-WAITE (at the request of Mr. BOEHNER) for today on account of personal reasons.

Mr. CARTER (at the request of Mr. BOEHNER) for today on account of a travel delay.

Mr. CULBERSON (at the request of Mr. BOEHNER) for today on account of travel.

Ms. MCCOLLUM (at the request of Mr. HOYER) for today and until 3 p.m. October 27 on account of official business.

Mr. GARY G. MILLER of California (at the request of Mr. BOEHNER) for today on account of a scheduling conflict.

Mr. ORTIZ (at the request of Mr. HOYER) for today on account of travel delays due to inclement weather.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. TONKO) to revise and extend their remarks and include extraneous material:)

Mr. CUMMINGS, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

(The following Members (at the request of Mr. MORAN of Kansas) to revise and extend their remarks and include extraneous material:)

Ms. ROS-LEHTINEN, for 5 minutes, October 29.

Mr. MCHENRY, for 5 minutes, today, October 27, 28, 29 and 30.

Mr. JONES, for 5 minutes, November 2.

Mr. DANIEL E. LUNGREN of California, for 5 minutes, today.

Ms. FOXX, for 5 minutes, today, October 27, 28, 29 and 30.

Mr. WESTMORELAND, for 5 minutes, today.

Mr. BURGESS, for 5 minutes, today.

Mr. PAULSEN, for 5 minutes, today and October 27.

Mrs. MILLER of Michigan, for 5 minutes, today.

Mr. INGLIS, for 5 minutes, November 2.

(The following Member (at his request) to revise and extend his remarks and include extraneous material:)

Mr. ELLISON, for 5 minutes, today.

ENROLLED BILL SIGNED

Lorraine C. Miller, Clerk of the House, reported and found truly enrolled a bill of the House of the following title, which was thereupon signed by the Speaker on Friday, October 23, 2009:

H.R. 2647. An act to authorize appropriations for fiscal year 2010 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

ADJOURNMENT

Mr. GOHMERT. Madam Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 10 o'clock and 55 minutes p.m.), under its previous order, the House adjourned until tomorrow, Tuesday, October 27, 2009, at 10:30 a.m., for morning-hour debate.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

4267. A letter from the Co-Chair, Commission on War Time Funding, transmitting a report entitled "Defense agencies must improve their oversight of contractor business systems to reduce waste, fraud, and abuse"; to the Committee on Armed Services.

4268. A letter from the Assistant Secretary of Defense, Department of Defense, transmitting lists of procurement priorities provided